

282224

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2019 - 81 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: The Big Red Bus LLC

Telephone: 843-458-3385

Address: 1004 Chester Street  
Myrtle Beach, SC 29577

Fax:

Other:

Email: info@bigredbussc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application – Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
FEB 26 2019  
PSC SC  
CLERK'S OFFICE

*[Signature]*

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Feb 22 19, 05:31p

Coastal Home Living

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

## APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 2-24-19

## CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. The Big Red Bus LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1004 Chester Street, Myrtle Beach, SC 29577

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-458-3385

Phone

843-234-0405

Fax

Info@bigredbussc.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship☒ Partnership - List names and addresses of all person having an interest in the business.☐ Corporation - List names and addresses of two principal officers.Dunes Living Real Estate, INC 411 38th Ave N. Myrtle Beach, SC 29577Slanting Home Realty LLC 348 Dick's Landing Loop, Conway, SC 29526Yoskell, LLC 5125 N Kings Hwy, Myrtle Beach, SC 29577

## DESCRIPTION OF EQUIPMENT

[illegible]

Feb 22 19, 05:32p

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843-234-0405

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## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

The Big Red Bus LLC

Name of Applicant

1004 Chester Street, Myrtle Beach, SC 29577

Address of Applicant

**Amount of Premium:** 9,207/year

**Limits Quoted: (See Below)**

Liability Insurance \$ 1,000,000

Limits

800/year

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

**16 or More Passengers\* \$ 25,000/300,000/25,000**

\* Passengers = Number of seatbelts in the vehicle,  
including the driver's seatbelt

Columbia National Indemnity

Name of Insurance Company

1215 48th Ave N. Myrtle Beach, SC 29577

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

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**From:** Jeff Brice**Sent:** Tuesday, February 19, 2019 12:32 PM**To:** Tracy Friend**Subject:** Big Red Tours LLC

Tracy,

We received a Commercial General Liability quote from Scottsdale Insurance Company as follows:

\$2,000,000	General Aggregate
\$1,000,000	Products/Completed Operations Aggregate
\$1,000,000	Personal Injury/Advertising Injury
\$1,000,000	Each Occurrence Limit
\$100,000	Damage to Premises Rented to You
\$5,000	Medical Payments
\$0	Deductible
Total Premium: \$646.60	

We received an indication on the bus from Columbia National Indemnity as follows and subject to change based on driver information:

\$1,000,000	Combined Single Limit BI & PD
\$5,000	Medical Payments
\$500,000	Uninsured Motorist Coverage
\$500,000	Underinsured Motorist Coverage
\$50,000	Stated Value Physical Damage Coverage
\$1,000	Comprehensive Deductible
\$1,000	Collision Deductible

Premium Indication: \$9,207

Thank you and let me know if you have any questions.

Jeff Brice

Tilghman Insurance of Myrtle Beach, LLC

PO Box 7218Myrtle Beach, SC 29572Phone: (843) 449-9750Fax: (843) 449-9755Please visit our website at [www.myrtlebeachinsurance.com](http://www.myrtlebeachinsurance.com)

**Exhibit Fit, Willing, and Able (FWA)**The Big Red Bus, LLC

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

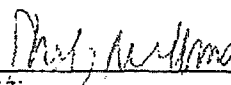
The Big Red Bw LLC  
  
Applicant's Signature  
By Tracy Friend Authorized  
Title of Applicant (e.g. President, Owner, etc.)  
member  
signature

STATE OF SOUTH CAROLINA )

COUNTY OF Horry )

SWORN TO BEFORE ME

This 20th day of February, 2019

  
Notary Public

Commission Expires 6/25/19

State of South Carolina  
Notary Public  
Shannon Y. Millsaps  
My Commission Expires June 25, 2019



# *The State of South Carolina*



## *Office of Secretary of State Mark Hammond*

### **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

The Big Red Bus, LLC, a limited liability company duly organized under the laws of the State of South Carolina on February 21st, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 21st day  
of February, 2019.

  
Mark Hammond, Secretary of State